



St. John the Baptist Faith Formation Registration Form 2010-2011

Family Last Name _____

Registered Parish Member?	_____ YES	Member # _____
	_____ NO	_____
(current Parish of Membership)		

Family Contact Info:	
Mother	Father
Address	Address <small>(Please Complete if Different)</small>
City ZIP	City ZIP
Home Phone	Home Phone
Work Phone	Work Phone
Cell Phone	Cell Phone
E-mail	E-mail
_____ Mailings should be sent to this address	_____ Mailings should be sent to this address

Grade	Child's Name	Boy or Girl	Birthdate (MM/DD/YY)	Sacraments Received				SPECIAL CONCERNS / NEEDS: <small>Please let us know of any physical limitations, allergies, family circumstances (recent separation, divorce, and death or family illness). This will be kept strictly confidential.</small>
				Bap	Rec	Euc	Con	

Emergency Contact Information

1. Call Mother/ Father first (circle one)
2. Call Mother / Father if #1 is unavailable (circle one)
3. Call _____ Phone# _____
If #1 and/or #2 are unavailable

For Office Use Only:

AA _____

FF _____

YM _____